

# Brief Encounters

Budding p...

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## TOPICAL CAUTION

Topical application of imiquimod (as a 5% cream) is widely used for treatment of external ano-genital warts and superficial basal cell carcinoma. It works by activating immune cells via the toll-like receptor, inducing local production of interferon alpha and enhancing natural killer and cytotoxic cell activity and is known to cause local erythema/oedema and rarely exacerbation of psoriasis. Taylor and colleagues describe an HIV-negative patient with penile warts and a past history of eczema in whom topical application of imiquimod cream was associated with widespread severe eczema at sites previously affected, in the absence of any local reaction. This case highlights the need for caution when using topical imiquimod, or other immune response modifiers, in patients with eczema.

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## CHLAMYDIAL ABC

Rectal chlamydia can be caused by different serovars which are associated with a different clinical presentation, according to Waalboer and colleagues in The Netherlands. In the context of the recent Lymphogranuloma venereum (LGV) outbreak, they typed 149 rectal chlamydia specimens taken from patients in Rotterdam between 2001 and 2005. LGV serovars caused more rectal symptoms (pain, tenesmus) and clinical manifestations (rectal discharge, bleeding) than rectal infections with chlamydia

serovars D-K. LGV proctitis was significantly associated with HIV positivity and a high number of sexual partners in the past 6 months, but not with age or ethnicity. The most commonly detected serovars were D and G.

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## HOW SERIOUS IS CHLAMYDIA?

Many countries are investing significant resources in screening for chlamydia. Standard criteria for screening programmes state that the condition must be a major health problem. For chlamydia, the incidence of serious sequelae is a key justification for screening, but just how common are they? Most data on complications have come from follow up of clinic or hospital based populations, with suggestions of up to 40% of untreated chlamydia progressing to pelvic inflammatory disease within a few weeks of infection and up to 25% of these believed to progress to a future ectopic pregnancy or infertility. In contrast, Low and colleagues (page 212) report from a cohort of young women in Sweden, in which the cumulative incidences of hospital-diagnosed pelvic inflammatory disease, ectopic pregnancy, and infertility by age 35 were 2–4% overall and 3–7% in those with a history of diagnosed chlamydia. This should be reassuring to frightened patients who have chlamydia, but less so to planners who may have overestimated the benefits and cost effectiveness of current screening programmes.

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## ARE WE MISSING SOMETHING?

Infections often coexist, and people who test positive for chlamydia in screening programmes are advised to have a full STI check. In Liverpool, Lavelle and colleagues measured the prevalence of gonorrhoea infection in over 5000 young people undergoing screening for chlamydia. They applied a duplex assay for gonorrhoea and chlamydia to the same patient specimen. Chlamydia positivity was around 12%, while gonorrhoea was closer to 1%. However, just over half of the cases of gonorrhoea would have been missed without the additional test, as these were people who did not have chlamydia and would have been told they were clear. Further work is needed to look at whether gonorrhoea should be added to screening programmes in certain areas.

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## LICE AND WAX DON'T MIX

Armstrong and Wilson reviewed rates of chlamydia, gonorrhoea and pubic lice in patients attending one genitourinary medicine clinic in the years between 1997 and 2003. They noted that while the prevalence of chlamydia and gonorrhoea increased, there was a marked drop in that of pubic lice. The authors identified that a change in sexual behaviour could not explain the discordant trends in sexually transmitted infections, but highlight that the marked reduction in cases in women occurred in 2000, at which time extensive waxing of pubic hair was first popular with women in the UK. Latterly, extensive male pubic depilation, combined with reduced transmission of lice from female partners are likely explanations for the reduction in observed cases in men.

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